Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHER	THAN		
		_	(Column 1)			(Column 2)			TYPE				MALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		lſ	RATE	FEE	1	RATE	FEE		
BASIC FEE									X /2	345.00	OR		690.00	
TO	TAL CLAIMS			minus	20=	*			X\$ 9=		OR	X\$18=		
	EPENDENT CL		·	3 minus	3 =	<u>*</u>			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT]	+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	690		
	С	LAIM	S AS A	MENDE) - P	ARTII							HER THAN	
	A		umn 1)	To describe National Control		column 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	4 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	REM Al	AIMS AINING TER JOMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	· [[2	Minus	**	20	=	H	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* 62		Minus	PENIC	DENT CLAIM	\ =		X39=		OR	X78=	_	
	11101111202					CHIOCAIN		'	+130=		OR	+260=		
								_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Col	umn 1)		(C	Column 2)	(Column 3)	. ^	DUIT. FEE			AUUII. FEE		
ENT B	******** ******	CL REM AI	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***		=	╽┟	X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			 				
								L	+130=	·	OR	+260=		
								Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
			umn 1)	Chalden an ay may won on the		olumn 2)	(Column 3)	ı	,				·	
MENT C		REM Af	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	N OF M	Minus	***		=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=								ı	.260					
* 11	the entry in colur	mn 1 is l	ess than th	e entry in colu	mn 2.	write "0" in co	lumn 3.	L	+130= TOTAL		OR	+260≈ TOTAL		
**	f the "Highest Nur	nber Pre	viously Pa	id For" IN THI	S SPA	CE is less tha	n 20, enter "20."	" AC	DOIT. FEE		OR ,	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

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NOTICE OF FILING / CLAIM FEE(S) DUE

(CAL	(CALCULATION SHEET)						
APPLICATION NUMBER: _	9/ 4	180837					
	Total Fee Calculation						
	Tau!	Number					

		Total Fee	Calcula	tion	ı			
	Fee Code	Total # Claims	Number Extra	X	Fcc	Fee	•	Total
_	Sa.Æg				Sm. Entity	Lg. Entiry		
Pulc Filing Fee	2017(0)					690	-	690
Total Claims >20	203/107	16 .20 -		X			-	
Independent Claums (-)	303.103	<u> </u>	-	N				
Multi Dep Claim Present	204/164	:					-	
Surcharge	205/105	•				130		130
English Translation	110							
TOTAL FEE CALCULA								820
Total Filing Fees Due		820	.17	-				
Less Filing Fees Subm	ined '- S			-				
BALANCE DUE	= 5	8	20.00				•	
Office of Initial Patent	. Ardes Examination					, and		
500		Ligo	rre 7					